

TO COMPLY WITH THE TERMS OF THE STATEWIDE GENERAL  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT FOR  
DISCHARGES OF AQUATIC PESTICIDES TO CONTROL VEGETATION AND  
ALGAE TO SURFACE WATERS OF THE STATE (GENERAL PERMIT) IN IRRIGATIONS SYSTEMS

Permit # WAG - \_ \_ - \_ \_ \_ \_ \_

Permit Number	Ecology Region <div>□ □</div>	W.R.I.A.	Date Received	Coverage Date
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Name
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Contact Name	Lead Pesticide Applicator Name
Mailing Address	Mailing Address
City Zip + 4	City Zip + 4
E-Mail Address Daytime Phone No. Cell Phone No.	E-Mail (optional) Daytime Phone No. Cell Phone No.
UBI No. ( If Available)	

Business/Company	Contact Person
Mailing Address	Phone No.
City	Zip + 4

☐ New Permit
 ☐ Existing Discharger   Or  
 ☐ New Discharger

☐ Permit Coverage Modification
 Permit No. WAG-\_\_-\_\_\_\_\_

Reason for modification:

\*If you have checked Existing Discharger section V does not apply, please proceed to section VI.

\*If you have checked New Discharger or Permit Coverage Modification, section V must be completed.

**V. STATE ENVIRONMENTAL POLICY ACT (SEPA)**

1. Has SEPA review been completed? ☐ YES ☐ NO Date \_\_\_\_\_
2. Lead agency issuing SEPA Determination: \_\_\_\_\_
3. Type of SEPA Determination: ☐ DNS ☐ DS ☐ Mitigated DNS

**VI. WATERBODY SYSTEM:**

1. Provide the name and location (latitude and longitude) of natural surface waters (river, lake, creek, stream, bay, ocean or wetland) that receive flow from the irrigation system:  
\_\_\_\_\_  
\_\_\_\_\_
2. Is the receiving water, or the waterbody that the outlet flows to, a part of a designated critical habitat of a species listed under the Endangered Species Act (ESA) or is the waterbody in an Evolutionary Significant Unit (ESU) of a species listed under the Endangered Species Act? ☐ Yes ☐ No
- a. If yes, what species? \_\_\_\_\_
- b. Name the ESU: \_\_\_\_\_
3. Water Resource Inventory Area (WRIA)(s) \_\_\_\_\_
4. City(s) \_\_\_\_\_ County \_\_\_\_\_
5. Attach a map of the irrigation system that includes the following:
- District Boundary
  - Location(s) proposed for treatment, including section, range and township.
  - The name of the waterbody(s) that flows into the receiving water, if the inlet has no name describe the type of water flowing into the receiving water.
  - The name of the first downstream waterbody(s) which has an assigned name. Indicate whether the waterbody initially flows to unnamed receiving water(s) prior to flowing into the named receiving water(s).

**VII. PLANT AND CHEMICAL INFORMATION:**

<i>Chemical</i>	<i>Concentration (PPM)</i>	<i>Amount In gallons or lbs.</i>	<i>Miles or Acres to be treated Please specify</i>
Copper			
Acrolein			
Xylene			
Other			

**VIII. REGULATORY STATUS: (Operator Information Only)**

1. Dept. of Agriculture Pesticide Applicator License No. \_\_\_\_\_
2. Licensee has an Aquatic Endorsement or will be supervised by someone with an Aquatic Endorsement  
☐ Yes ☐ No
3. Dept. of Agriculture Pesticide Applicator License Expiration Date \_\_\_\_\_
4. My renewal has been satisfied will be kept current. ☐ Yes ☐ No

**IX. BMP's EMPLOYED TO REDUCE POLLUTANTS:**

1. Indicate the status of your Integrated Aquatic Vegetation Management Plan (IAVMP) (**check one**)
  - a. ☐ No plan in process, but willing to develop one.
  - b. ☐ In process of being developed.
  - c. ☐ Accepted and being implemented.
2. What is date of Plan acceptance: \_\_\_\_\_
3. Has the Plan been revised: ☐ YES ☐ NO
  - a. Date of revised Plan acceptance: \_\_\_\_\_
4. Do you have a Spill Plan that is Complete and Up-to-Date? ☐ YES ☐ NO
5. ☐ I will follow all label directions and requirements, unless Ecology has further restrictions.

**X. MONITORING AND REPORTING REQUIREMENTS**

This permit includes an option to develop and implement an annual monitoring plan (option 1) or monitor at selected sites (option 2). Check the applicable Box.

1. I will develop an Annual Monitoring Plan in accordance with the permit requirements. .... ☐
2. I will develop a plan to monitor at selected sites in accordance with the permit requirements ..... ☐

**XI. CERTIFICATION**

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment. Additionally, I certify that the provisions of the permit, including developing and implementing a monitoring program, will be complied with."

Printed Name of Responsible Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_